U.S. Department of Labor Office of Labor-Management Stendards Weshington, DC 20210.

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Managemen
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, lines, or civil penalties as provided by 28 U.S.C.439 or 440.

G CON CON	
READ THE INSTRUCTIONS CARE	ULLY BEFORE PREPARING THIS REPORT,
1. File Humber U-3055.	2. Fiscal Year Covered Frem:
4A 6-4	04/01/003 Through: 03/31/2005
5: Name and address of person fling.	4. Name, file number, and address of jabor organization:
Name Wesley J. Urevia	Name IBEW Local 343
	Lahor Organization File Number 514-265
P.O. Box, Bidg., Room No., I any	P.O. Box, Building and Recon Number, if any
Send 10730 CR. 5 N.W.	Street 1910 S Broadway
CRY Pine Island	Rochester
State 70 ZP Code +4 55963	State MV 259047930
5. Position in labor organization. President Southe	est MN Buildmy Construction Tractes
Enter appropriate data below if, during the past fiscal year, you or your a female as epocified in the ex- A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organizations.	pouse or minor child directly or indirectly had any of the following interests charles set forth in the instructional: or derived income or other economic benefit of pilon represent,
6. Name and address of Employer (including trade name, If any).	7.s. Nature of Interest, Transaction, or Income.
Name NONE	
Trade Name, II any	NONE
<u> </u>	
P.O. Box, Bldg., Room No., If any	7.b. Amount
Street	3 ∤
City	1
State ZIP Code+4	
	gneture
15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompt undersigned's knowledge and belief, inve, correct, and complete. (See the	of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)
1,111	o 7/8/05 1300-1300-17/08/

Form LM-30 (2003)

Page 1 of 2

Telephone Number

Name of Person Filing	File Number U-303
B. Held an interest in or derived income or economic benefit with monetary or substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ed. (2) any part of which consists of buying from or welling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	ervise dealing with the business evely seeking to represent, or ndirectly to, Or otherwise
8. Name and address of Business (including trade name, if any).	S, Business deals with:
Name NONE	
Trade Name, If any:	e. Lebor Organization D. Trust
P.O. Box, Blog., Room No., If any	
Street	c. Employer
Cty	
State ZIF Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.s. Nature of such dealing.
NameNONE	
Trade Name, it any:	11.15
P.O. Box, Bldg., Room No., Famy	NONE
Speed	11.b. Approximate dollar value of such dealing.
The second secon	The Appendix out that of soul during.
Chy	12.s. Nature of interest held or income received.
State ZIP Code + 4	12.s. Nature of interest held or income received.
	12.s. Nature of interest held or income received. NONE
	NONE
	NONE 12.b. Amount w parts A and B above)
C. Received from any employer (other than an employer covered uncor from any labor relations consultant to an employer any payment of mone	NONE 12.b. Amount.
C. Received from any employer (other than an employer covered under from any labor relations consultent to an employer any payment of mone 13.a. Name and educes of Employer or Labor Relations Computers (including trade hame, if any).	NONE 12.b. Amount for parts A and B above) y or other thing of value.
C. Received from any employer (other than an employer covered uncor from any labor relations consultent to an employer any payment of mone 13.a. Name and eddress of Employer or Labor Relations Consultent (including trade hame, if any).	NONE 12.b. Amount. In parts A and B above) y or other thing of value. 14.c. Nature of payment.
C. Received fram any employer (other than an employer covered under thorn eny labor relations consultent to an employer any payment of mone 13.a. Name and eddress of Employer or Linbor Relations Consultent (including trade hame, if any). Name Trade Name, if any:	NONE 12.b. Amount for parts A and B above) y or other thing of value.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of more 13.a. Name and eddress of Employer or Labor Relations Consultant (including trade harne, if any). Name Trade Name, if uny: P.O. Box, Bidg., Room No., if any	NONE 12.b. Amount. In parts A and B above) y or other thing of value. 14.c. Nature of payment.
C. Received fram any employer (other than an employer covered under thorn eny labor relations consultent to an employer any payment of mone (including trade hame, if any). Name P.O. Box, Bidg., Room No., If any Street	NONE 12.b. Amount. In parts A and B above) y or other thing of value. 14.c. Nature of payment.
C. Received from any employer (other than an employer covered under thorn eny labor relations consultent to an employer any payment of mone (including trade hame, if any). Name P.O. Box, Bidg., Room No., If any Street City	NONE 12.b. Amount. In parts A and B above) y or other thing of value. 14.c. Nature of payment.
C. Received fram any employer (other than an employer covered under thorn eny labor relations consultent to an employer any payment of mone (including trade hame, if any). Name P.O. Box, Bidg., Room No., If any Street	NONE 12.b. Amount. In parts A and B above) y or other thing of value. 14.c. Nature of payment.

Form LM-30 (2003)